



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014933

[REDACTED]

Dear [REDACTED],

On April 11, 2017, you appeared by telephone at a hearing on your appeal of NY State of Health's January 19, 2017 disenrollment notice and January 19, 2017 enrollment confirmation notice.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with Code of Federal Regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

This page intentionally left blank.



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Decision

Decision Date: April 19, 2017

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000014933

[REDACTED]

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did NY State of Health properly determine that your newborn son's Medicaid Managed Care plan with Fidelis Care began on February 1, 2017?

Procedural History

On August 20, 2016, your NY State of Health (NYSOH) account was updated to indicate that you were pregnant and expecting to deliver one child.

On August 21, 2016, NYSOH issued an eligibility determination notice stating that you were eligible for Medicaid effective August 1, 2016.

On August 23, 2016, NYSOH issued an enrollment confirmation notice stating that you were enrolled in a Medicaid Managed Care (MMC) plan with United Healthcare effective October 1, 2016.

On January 18, 2017, your NYSOH account was updated and your newborn son was added to the account. You also enrolled your newborn son in an MMC plan with Fidelis Care on this date.

Also on January 18, 2017, you spoke to NYSOH's Account Review Unit and appealed the start date of your newborn son's MMC plan with Fidelis Care insofar that it was effective February 1, 2017 and not November 1, 2016.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

On January 19, 2017, NYSOH issued an eligibility determination notice stating that your newborn son was eligible for Medicaid, effective November 1, 2016.

On January 19, 2017, NYSOH issued an enrollment confirmation notice stating that your newborn son was enrolled in a MMC plan with Fidelis Care as of February 1, 2017.

Also on January 19, 2017, NYSOH issued a disenrollment confirmation notice stating that your newborn son's coverage in his MMC plan with United Healthcare would end, effective January 31, 2017.

On April 11, 2017, you had a telephone hearing with a Hearing Officer from NYSOH's Appeals Unit.

During the hearing, you gave permission for NYSOH Appeals Unit to listen to phone calls you had with NYSOH. Phone calls were reviewed and the record is now closed.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) On August 20, 2016, your NYSOH application was updated to indicate that you were pregnant with one child and had an expected due date of [REDACTED].
- 2) Your newborn son was born on [REDACTED].
- 3) You testified, and the record reflects, that at the time of your son's birth you were enrolled in a MMC plan with United Healthcare.
- 4) Your newborn son was enrolled in a MMC plan with United Healthcare effective November 1, 2016.
- 5) NYSOH Appeals Unit reviewed the phone calls you made to NYSOH on November 30, 2016 and determined that you called NYSOH to add your newborn son to your account, and change his MMC plan to a different insurance provider but were unable to do so due to a technical error in the system.
- 6) You testified, and the record reflects, that you were finally able to add your newborn son to the account on January 18, 2017.
- 7) The record indicates that your newborn son was enrolled in a MMC plan with Fidelis Care on January 18, 2017, with an effective start date of February 1, 2017.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

- 8) You testified that you want your newborn son's MMC plan with Fidelis Care to start as of November 1, 2016 because your newborn son's doctor does not accept United Healthcare.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Medicaid Newborn Child

A child who is under one year of age is eligible for Medicaid if he or she meets the non-financial criteria and has a household modified adjusted gross income that falls at or below 223% of the FPL for the applicable family size (42 CFR § 435.118(c); New York Department of Social Services Administrative Directive 13ADM-03).

NYSOH must provide Medicaid eligibility to a child born to a woman who has applied for, has been determined eligible for, and is receiving Medicaid on the date of the child's birth. The child is deemed to have applied and been found eligible for Medicaid on the date of birth and remains eligible for one year so long as the woman remains (or would remain if pregnant) eligible and the child is a member of the woman's household (42 CFR § 435.117(a); NY Social Services Law § 366-g(3)). An annual redetermination of eligibility must be completed on behalf of the child at which time documentary evidence of citizenship and Social Security number is required (42 CFR § 435.117(d), § 435.920).

Medicaid Managed Care plans operating in the NYSOH exchange have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. NYSOH shall update demographic data for the newborn and enroll the newborn in the mother's Medicaid Managed Care plan if the newborn is not already enrolled and send the Medicaid Managed care plan an 834 electronic enrollment file (Medicaid Managed Care Model Contract (Appendix H-6(3)(a)-(d), effective 3/1/2014 – 2/28/2019).

Medicaid Effective dates

An individual is eligible for fee-for-service Medicaid effective on the first day of the month if an individual was eligible any time during that month (42 CFR § 435.915(b), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010, 13ADM-03(III)(F)).

Medicaid Managed Care plan enrollments received on or before the fifteenth day of the month are effective the first day of the following month. Enrollments received after the fifteenth day of the month are effective the first day of the

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

second following month (Medicaid Managed Care Model Contract (Appendix H-6(b)(ii) & (iii), effective 3/1/2014 – 2/28/2019; see 42 USC § 1315; § 364-j(1)(c); 18 NYCRR § 360-10.3(h), Medicaid Eligibility Changes under the Affordable Care Act (ACA) of 2010,13ADM-03(III)(F)).

Legal Analysis

The issue under review is whether NYSOH properly determined that your newborn son's MMC plan with Fidelis Care was effective February 1, 2017.

You updated your NYSOH application on August 20, 2016 to indicate that you were pregnant with one child and had an expected due date of [REDACTED]. Your newborn son was born on [REDACTED].

Medicaid Managed Care plans operating in NYSOH have agreed to enroll and provide coverage for eligible newborn children effective from the time of birth. This includes enrolling them into the Medicaid Managed Care plan in which the mother is enrolled in during the time of birth.

Therefore, your son would have been enrolled in an MMC plan with United Healthcare as of the date of his birth since that is the MMC plan you were enrolled in.

In all other enrollments in MMC plans for individuals applying with NYSOH, the date on which a MMC plan can take effect depends on the day a person selects the plan for enrollment.

On November 30, 2016, you contacted NYSOH to add your child to your account, however you were unable to do so due to a technical error in the system. You were in contact with NYSOH several more times between November 30, 2016 and January 18, 2017 to see if the technical error had been resolved.

You testified, and the record reflects, that when you contacted NYSOH on January 18, 2017, the technical error had been resolved and you could add your newborn son to your account. You also enrolled your newborn son into a MMC plan with Fidelis Care on January 18, 2016.

A plan that is selected from the first day to and including the fifteenth day of a month will go into effect on the first day of the following month. A plan that is selected on or after the sixteenth day of the month will go into effect on the first day of the second following month.

Since we may reasonably infer, that if not for the technical error, you would have selected an MMC plan with Fidelis Care for your newborn son when you first contacted NYSOH on November 30, 2016, your newborn son's MMC plan

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

coverage through Fidelis Care should have taken effect on the first day of the first month following November 2016; that is, January 1, 2017.

Therefore, the January 19, 2017 enrollment confirmation notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Fidelis Care was effective January 1, 2017, and the January 19, 2017 disenrollment notice is MODIFIED to state that your newborn son's disenrollment in his MMC plan with United Healthcare was effective December 31, 2016.

Your case is RETURNED to NYSOH to enroll your child into his Fidelis Care MMC as of January 1, 2017 and to disenroll your child from his United Healthcare MMC as of December 31, 2016.

Decision

The January 19, 2017 disenrollment notice is MODIFIED to state that your newborn son's disenrollment in his MMC plan with United Healthcare was effective December 31, 2016.

The January 19, 2017 enrollment notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Fidelis Care was effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into his Fidelis Care MMC as of January 1, 2017 and to disenroll your child from his United Healthcare MMC as of December 31, 2016.

Effective Date of this Decision: April 19, 2017

How this Decision Affects Your Eligibility

The effective dates of your newborn son's MMC plan with United Healthcare is November 1, 2016 to December 31, 2016.

The effective date of your newborn son's MMC plan with Fidelis Care is January 1, 2017.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to the Federal Marketplace or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months of the Decision Date, which appears on the first page of this Decision.

Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the Federal Marketplace. This must be done within 30 days of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you have questions about appealing to the Federal Marketplace, you can contact them in any of the following ways:

- By calling the Customer Service Center at 1-800-318-2596
- By mail at:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
- By fax: 1-877-369-0129

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Summary

The January 19, 2017 disenrollment notice is MODIFIED to state that your newborn son's disenrollment in his MMC plan with United Healthcare was effective December 31, 2016.

The January 19, 2017 enrollment notice is MODIFIED to state that your newborn son's enrollment in his MMC plan with Fidelis Care was effective January 1, 2017.

Your case is RETURNED to NYSOH to enroll your child into his Fidelis Care MMC as of January 1, 2017 and to disenroll your child from his United Healthcare MMC as of December 31, 2016.

The effective dates of your newborn son's MMC plan with United Healthcare is November 1, 2016 to December 31, 2016.

The effective date of your newborn son's MMC plan with Fidelis Care is January 1, 2017.

Legal Authority

We are issuing this determination in accordance with 45 CFR § 155.545.

A Copy of this Decision Has Been Provided To:



Getting Help in a Language Other than English

This is an important document. If you need help to understand it, please call 1-855-355-5777. We can give you an interpreter for free in the language you speak.

Español (Spanish)

Este es un documento importante. Si necesita ayuda para entenderlo, llame al 1-855-355-5777. Le proporcionaremos un intérprete sin ningún costo.

中文 (Traditional Chinese)

這是重要的文件。如果您需要獲得關於瞭解文件內容方面的協助，請致電 1-855-355-5777。我們可以為您免費提供您所使用語言的翻譯人員。

Kreyòl Ayisyen (Haitian Creole)

Sa a se yon dokiman ki enpòtan. Si ou bezwen èd pou konprann li, tanpri rele nimewo 1-855-355-5777. Nou kapab ba ou yon entèprèt gratis nan lang ou pale a.

中文 (Simplified Chinese)

这是一份重要的文件。如果您需要帮助理解此文件，请打电话至 1-855-355-5777。我们可以为您提供相应语种的口译服务。

Italiano (Italian)

Questo è un documento importante. Per qualsiasi chiarimento può chiamare il numero 1-855-355-5777. Possiamo metterle a disposizione un interprete nella sua lingua.

한국어 (Korean)

중요한 서류입니다. 이해하는 데 도움이 필요하시면 1-855-355-5777 번으로 연락해 주십시오. 귀하의 언어에 대한 무료 통역 서비스가 제공됩니다.

Русский (Russian)

Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону 1-855-355-5777. Мы можем бесплатно предоставить Вам переводчика Вашего языка.

العربية (Arabic)

هذه وثيقة مهمة. إذا كنت بحاجة إلى مساعدة لفهم محتواها، يُرجى الاتصال بالرقم 1-855-355-5777. يُمكننا توفير مترجم فوري لك باللغة التي تتحدثها مجاناً.

বাংলা (Bengali)

এটি এক গুরুত্বপূর্ণ নথি। এটি বুঝতে আপনার যদি সাহায্যের প্রয়োজন হয় তাহলে, অনুগ্রহ করে 1-855-355-5777 নম্বরে কল করুন। আপনি যে ভাষায় কথা বলেন বিনামূল্যে আমরা আপনাকে একজন দোভাষী দিতে পারি।

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Français (French)

Ceci est un document important. Si vous avez besoin d'aide pour en comprendre le contenu, appelez le 1-855-355-5777. Nous pouvons mettre gratuitement à votre disposition un interprète dans votre langue.

हिंदी (Hindi)

यह एक महत्वपूर्ण दस्तावेज़ है। अगर आपको इसे समझने में सहायता चाहिए, तो कृपया 1-855-355-5777 पर कॉल करें। हम आपकी भाषा बोलने वाला एक दुभाषिया निःशुल्क उपलब्ध करवा सकते हैं।

日本語 (Japanese)

これは重要な書類です。理解するために支援が必要な場合は、1-855-355-5777 にお電話ください。通訳を無料で提供いたします。

नेपाली (Nepali)

यो एउटा महत्वपूर्ण कागजात हो। यसलाई बुझ्न तपाईंलाई मद्दत चाहिन्छ भने, कृपया 1-855-355-5777 मा फोन गर्नुहोस्। हामीले तपाईंले बोल्ने भाषामा तपाईंलाई निःशुल्क दोभाषे उपलब्ध गराउन सक्छौं।

Polski (Polish)

To jest ważny dokument. W przypadku konieczności skorzystania z pomocy w celu zrozumienia jego treści należy zadzwonić pod numer 1-855-355-5777. Istnieje możliwość uzyskania bezpłatnej usługi tłumacza języka, którym się posługujesz.

Twi (Twi)

Krataa yi ye tow krataa a ho hia. Se wo hia eho nkyerekyeremu a, ye sre wo, fre 1-855-355-5777. ye&btumi ama wo obi a okyerE kasa a woka no ase ama wo kwa a wontua hwee.

(Urdu) اردو

یہ ایک اہم دستاویز ہے۔ اگر آپ کو اسے سمجھنے کے لیے مدد کی ضرورت ہے تو براہ کرم 1-855-355-5777 پر کال کریں۔ ہم آپ کو آپ کی مادری زبان میں ایک مفت مترجم فراہم کر سکتے ہیں۔

Tiếng Việt (Vietnamese)

Đây là tài liệu quan trọng. Nếu quý vị cần trợ giúp để hiểu tài liệu này, vui lòng gọi 1-855-355-5777. Chúng tôi có thể cung cấp thông dịch viên miễn phí nói ngôn ngữ của quý vị.

אידיש (Yiddish)

דאס איז א וויכטיגער דאקומענט. אויב איר דארפט הילף עס צו פארשטיין, ביטע רופט 1-855-355-5777. מיר קענען אייך געבן א דאלמעטשער פריי פון אפצאל אין די שפראך וואס איר רעדט.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).